



Appl. No. 10/620,958  
Amdt. Dated October 1, 2004  
Reply to Office Action of July 1, 2004

PATENT  
Attorney Docket No. 83394.0009  
Customer No. 26021

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:  
Kazutoshi Kaji, et al.  
Serial No: 10/620,958  
Filed: July 16, 2003  
For: ELECTRON MICROSCOPE

Art Unit: 2881  
Examiner: Anthony G. Quash  
Confirmation No.: 9990

**AMENDMENT UNDER 37 C.F.R. § 1.116**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 1, 2004, please amend the application as follows:

**Amendments** to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<u>October 1, 2004</u> Date of Deposit	
<u>Kimberly Yee</u> Name	
<u>Kimberly Yee</u> Signature	<u>10/01/04</u> Date



2FW AF

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Kimberly Yee	
Name	
Signature	10/01/04 Date

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ A Request for Corrected Filing Receipt is enclosed.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	10	-	20 **	0	LG=\$18 SM=\$9	\$18.00 \$ 0
INDEPENDENT CLAIMS FEE	4	-	4 ***	0	LG=\$88 SM=\$44	\$88.00 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$300 SMALL ENTITY FEE = \$150	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: Ying Chen

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Attorneys for Applicants

Date: October 1, 2004

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